

SCOPE

This policy applies to all clients who receive services in:

1. DDA community residential services, which includes Supported Living (SL) and State Operated Living Alternatives (SOLA) programs, Alternative Living (AL), Companion Homes (CH), Group Homes (GH) and Group Training Homes (GTH);
2. Community Intermediate Care Facilities for Persons with Intellectual Disabilities (ICF/ID);
3. Residential Habilitation Centers (RHC); and
4. Services provided by counties that are funded by DDA (including employment and day program services).

Refer to DDA Policy 5.20, *Restrictive Procedures and Physical Interventions with Children and Youth*, for information and requirements concerning the use of restrictive procedures and physical interventions with children.

State laws (RCWs) and rules (WACs) governing adult family homes, assisted living facilities and nursing homes take precedence over this policy. Certain physical interventions, permitted under this policy with a Positive Behavior Support Plan, are prohibited in assisted living facilities and adult family homes. Administrators of such facilities should refer to [Chapter 18.20 RCW](#) and [Chapter 70.129 RCW](#).

DEFINITIONS

CRM means the Developmental Disabilities Administration Case Resource Manager and/or the Social Worker or Social Service Specialist.

Physical intervention means the use of a manual technique intended to interrupt or stop a behavior from occurring. Physical intervention includes using physical restraint to release or escape from a dangerous or potentially dangerous situation.

Physical restraint means physically holding or restraining all or part of a person's body in a way that restricts the person's free movement. This does not include briefly holding, without undue force, a person in order to calm them, or holding a person's hand to escort the person safely from one area to another.

Restrictive procedures or restrictions means a procedure that restricts a client's freedom of movement, restricts access to client property, prevents a client from doing something the client wants to do, requires a client to do something the client does not want to do, or removes something the client owns or has earned.

POLICY

- A. Physical interventions must be used only as provided for in this policy and as described in DDA Policy 5.15, *Use of Restrictive Procedures*.
- B. Physical interventions must be used only when positive or less restrictive techniques or procedures have been tried and are determined to be insufficient to protect the client, others, or damage to the property of others.
- C. Physical interventions may only be used for the purpose of protection and may not be used for the purpose of changing behavior in situations where no need for protection is present.
- D. Only the least restrictive intervention needed to adequately protect the client, others, or property must be used, and terminated as soon as the need for protection is over.
- E. Restrictive physical interventions may only be used as part of an approved Positive Behavior Support Plan (PBSP), except in the case of an emergency or unknown, unpredicted response from a client where their safety and/or that of others is jeopardized. Refer to DDA Policy 5.14, *Positive Behavior Support*, for information on PBSP requirements.
- F. **Prohibited Physical Interventions**
1. **Physical interventions that involve any of the following elements are prohibited:**
 - a. Pain and pressure points (whether for brief or extended periods);
 - b. Obstruction of airway and/or excessive pressure on chest, lungs, sternum, and diaphragm;
 - c. Hyperextension (pushing or pulling limbs, joints, fingers, thumbs or neck beyond normal limits in any direction) or putting the person in significant risk of hyperextension;
 - d. Joint or skin torsion (twisting/turning in opposite directions);
 - e. Direct physical contact covering the face;
 - f. Straddling or sitting on the torso;
 - g. Excessive force (beyond resisting with like force); and

- h. Any maneuver that involves punching, hitting, poking or shoving the person.

2. **The following specific physical techniques are prohibited:**

- a. Arm or other joint locks (e.g., holding one or both arms behind back and applying pressure, pulling or lifting);
- b. “Sleeper hold” or any maneuver that puts weight or pressure on any artery, or otherwise obstructs or restricts circulation;
- c. Wrestling holds, body throws or other martial arts techniques;
- d. Prone restraint (person lying on stomach);
- e. Supine restraint (person lying on back);
- f. Head hold where the head is used as a lever to control movement of other body parts;
- g. Any maneuver that forces the person to the floor on their knees or hands and knees;
- h. Any technique that keeps the person off balance (e.g., shoving, tripping, pushing on the backs of the knees, pulling on the person’s legs or arms, swinging or spinning the person around, etc.); and
- i. Any technique that restrains a person vertically face first against a wall or post.

G. **Nonrestrictive Physical Interventions**

The following nonrestrictive physical interventions are allowed without a PBSP. Note: these interventions may be used in assisted living facilities and adult family homes.

- 1. **Avoiding** - eluding/escaping physical contact through the use of slides, stance, and arm/hand maneuvers without holding on to the person’s body;
- 2. **Deflecting** - using physical contact such as step and guide maneuvers;
- 3. **Blocking** - obstructing or hindering using physical contact;
- 4. **Releasing** - escaping a physical hold. This may involve briefly holding on to the person to release oneself and/or another person;

5. **Physical escort that is not resisted by the person** – briefly holding, without undue force, a client in order to calm the client, or holding a client’s hand to safely escort the client from one area to another; and
6. **Supporting Ambulation** - physically holding a client to steady or support the client while walking to keep the client from falling or slipping. This may involve the use of gait belts, specially designed belts, vests, or clothing.

Note: The person doing the supporting follows the lead of the client being supported. The client must be released when they no longer need physical support.

H. **Physical Restraints Permitted Only with a Positive Behavior Support Plan (PBSP)**

The following physical interventions are considered restrictive physical restraints and are allowed only with a written PBSP that specifically includes instructions for their use:

1. Hand, arm, and leg holds;
2. Standing holds;
3. Physically holding and moving a person who is resisting; and
4. Head holds (Note: physical control of the head is permitted only to interrupt biting or self-injury such as head banging).

I. **Physical Restraints Permitted Only By Exception to Policy (ETP) with a PBSP**

1. The following interventions are considered restrictive physical restraints and require an Exception to Policy (ETP) approved by the DDA Regional Administrator:
 - a. Person seated on furniture and physically restrained by two persons sitting on either side. Note: This procedure involves the use of a supported guide maneuver; and
 - b. Person sitting on floor and being physically restrained by one or more persons. Note: This procedure involves the use of a supported guide maneuver to the floor.
2. The physical interventions described above may be used only as part of an approved physical intervention system/curricula.
3. As part of the approval process, there must be a written assessment by a physician that the physical restraint to be used is not contraindicated for the person due to

physical or other medical conditions. Refer to DDA Policy 5.15, *Use of Restrictive Procedures*, for additional information and requirements.

J. Use of Physical Interventions During Medical and Dental Treatment

The use of permitted physical interventions during medical or dental treatment is allowable if under the direction of a physician or dentist, consistent with standard medical/dental practices, and necessary to complete a medical or dental procedure. Efforts must be made to familiarize the client with the medical/dental procedure so that the least restrictive physical intervention is needed.

K. Emergency Use of Physical Interventions

1. "Emergency" means an extreme hazard or an unanticipated, unpredicted action by a client, which puts the client or others at risk and jeopardizes the health and safety of the client or others (e.g., when a client is standing or sitting in the street or when a client is at immediate risk of danger from a fire).
2. In an emergency, physical interventions that are normally permitted only with an approved PBSP may be used for protective purposes.
3. For individuals who pose an immediate danger to self or others, it is acceptable to initiate the use of a seated restraint as described in section "T" above without a PBSP or ETP if there is reasonable justification. All staff implementing the restraint must have been previously trained in its application and otherwise meet the requirements of this policy.
4. In certain extreme emergency situations where a client or others cannot be kept safe from real harm except by interventions that are otherwise prohibited by this policy, it is permissible to use such interventions if reasonably necessary to protect the client or others. The least restrictive intervention must be used and must be terminated as soon as the need for protection is over.
5. An incident report must be submitted to the DDA Case Resource Manager (CRM) or the RHC superintendent or designee for each emergency use of restrictive physical interventions, in accordance with procedures for reporting incidents.
6. If the same restrictive physical intervention is used on an emergency basis more than three (3) times within a six (6) month period, a functional assessment must be conducted and, if warranted, a PBSP developed.

PROCEDURES**A. Documentation and Approval of Restrictive Physical Interventions**

1. Prior to implementing restrictive physical interventions, the client and the client's legal representative must be involved in discussions regarding the perceived need for physical intervention. The level of notification that parents and/or legal representatives desire when physical interventions are used should also be determined at this time and noted in the client's PBSP.
2. The facility or agency must provide documentation on the proposed intervention and approval for its use, according to the requirements set forth in DDA Policy 5.15, *Use of Restrictive Procedures*.

B. Implementation of Physical Interventions

1. All staff using physical interventions must have prior training in the use of such techniques according to the facility or agency's policy and procedures. With all training on the use of physical interventions, staff must also receive training in crisis prevention techniques and positive behavior support.
 - a. The contracted residential provider must ensure that these staff complete an annual review of de-escalation and physical intervention techniques.
 - b. RHC and SOLA staff will receive Therapeutic Options training according to the *Therapeutic Options Recertification Schedule* published by DDA.
2. A trained person must be present whenever possible to supervise and observe during use of restrictive physical interventions. Designated staff observers must receive training in observation and supervision of physical restraints (e.g., signs of duress, fatigue, etc.).
3. Each facility or agency must make provisions for a post-analysis (i.e., what could have been done differently) whenever restrictive physical interventions are implemented in emergencies **or** when the frequency of use of the intervention is increasing. The client, staff and supervisor involved, and other team members must participate, as appropriate, and documented in the client's file.

C. Monitoring Restrictive Physical Interventions

Procedural requirements for monitoring restrictive physical interventions are described in DDA Policy 5.15, *Use of Restrictive Procedures*, including:

1. Documenting the use of interventions;

2. Incident reporting; and
3. Data monitoring and review.

D. **Components of a Physical Intervention Techniques System**

This section describes the necessary components of any physical intervention techniques system used by a facility or agency.

1. Physical intervention systems must include, at a minimum, the following training components:
 - a. Principles of positive behavior support, including respect and dignity;
 - b. Communication techniques to assist a client to calm down and resolve problems in a constructive manner;
 - c. Techniques to prevent or avoid escalation of behavior prior to physical contact;
 - d. Techniques for staff to use in response to their own feelings or expressions of fear, anger, or aggression;
 - e. Techniques for staff to use in response to the client's feelings of fear or anger;
 - f. Caution that physical intervention techniques may not be modified except as necessary in consideration of individual disabilities, medical, health, and safety issues. An appropriate medical/health professional and the facility or agency certified trainer must approve all modifications;
 - g. Evaluation of the safety of the physical environment at the time of the intervention;
 - h. Use of the least restrictive physical interventions depending upon the situation;
 - i. Clear presentation and identification of prohibited and permitted physical intervention techniques;
 - j. Discussion of the need to release a client from physical restraint as soon as possible;
 - k. Instruction on how to support physical interventions as an observer and recognize signs of distress by the client and fatigue by the staff; and

1. Discussion of the importance of complete and accurate documentation.
2. Staff receiving physical intervention techniques training must complete the course of instruction and demonstrate competency before being authorized to use the techniques with clients.

EXCEPTIONS

- A. No exceptions for the use of prohibited physical interventions as described in this policy shall be granted.
- B. Exceptions for physical restraint as described in Policy Section I (Physical Restraints Permitted Only by Exception to Policy with a PBSP) of this policy may be approved by the Regional Administrator. Follow the procedures for initiating and processing ETP requests as described in DDA Policy 5.15, *Use of Restrictive Procedures*.
- C. Any other exceptions to the requirements of this policy must have the prior written approval of the Deputy Assistant Secretary.

SUPERSESSSION

DDD Policy 5.17
Issued July 1, 2011

Approved: /s/ Donald Clintzman
Deputy Assistant Secretary
Developmental Disabilities Administration

Date: July 1, 2013